

# PHA 5-Year and Annual Plan

## U.S. Department of Housing and Urban Development Office of Public and Indian Housing

OMB No. 2577-0226  
Expires 4/30/2011

<b>1.0</b>	<b>PHA Information</b> PHA Name: <u>Saline County Housing Authority</u> PHA Code: <u>IL043</u> PHA Type: <input type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>01/2011</u>				
<b>2.0</b>	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>488</u> Number of HCV units: <u>128</u>				
<b>3.0</b>	<b>Submission Type</b> <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only				
<b>4.0</b>	<b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)				
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program
	PHA 1:				PH HCV
	PHA 2:				
	PHA 3:				
<b>5.0</b>	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.				
<b>5.1</b>	<b>Mission.</b> State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: <b>Saline County Housing Authority has transitioned to Project Based Accounting and Management as per Federal Regulations. The Housing Authority is committed to providing clean, safe, sanitary, affordable housing to low-income families. The Housing Authority is finding it difficult to rent apartments due to the poor economic situation in the rural area we live. We have removed housing stock that had been unoccupied trying to maintain a solid foundation for the future longevity of the Housing Authority with minimal effect on our residents whom we provide housing. We are planning demolition on twelve units consisting of two buildings at the Don Leibenguth Apartments located at 927 W. Barnett Street, Harrisburg, IL.</b>				
<b>5.2</b>	<b>Goals and Objectives.</b> Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. <b>Report included as Attachment A</b> <b>Reduce Public Housing Vacancies:</b> SCHA has advertised in papers to generate applicants to fill vacancies <b>Improve Public Housing Management Scores: 90 -Will continue to improve management and maintenance operations</b> <b>Improve Voucher Management Scores: 100- Will continue efforts to achieve consistent 100 % ranking.</b> <b>Renovate &amp; Modernize Public Housing units:</b> Ongoing renovations to modernize, sustain and conserve energy at all developments. <b>Demolish part of developments with vacancy problems:</b> Planning demolition of part of a development Barnett Street 12 Units <b>Implement public housing security improvements:</b> Hired off -duty Deputy Sheriffs to patrol sites on foot.				
<b>6.0</b>	<b>PHA Plan Update</b> (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: Admissions and Continued Occupancy Policy: <b>Attachments B through F</b> Organizational Chart Revision: Included in this plan as <b>Attachment G</b> Procurement Policy Changes: Included in this plan as <b>Attachment H</b> Financial Resources: Included in this plan as <b>Attachment I</b> Carbon Monoxide Wording: Included in this plan as <b>Attachment O</b> VAWA Wording: Included in this plan as <b>Attachment P</b> Housing Needs (Waiting Lists): Included in this plan as <b>Attachment L</b> Definition of "significant amendment" and "substantial deviation/modification <b>Attachment M</b> Resident Advisory Board Comments <b>Attachment N</b> Violence Against Women Wording <b>Attachment P</b> Pet Policy <b>Attachment Q (Whole Pet Policy from ACOP)</b> (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. 1. <b>Saline County Housing Authority Office</b> <b>927 W. Barnett Street</b> <b>Harrisburg, Illinois 62946</b>				
<b>7.0</b>	<b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> Include statements related to these programs as applicable. Included in this plan as <b>Attachment K</b>				
<b>8.0</b>	<b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.				

<b>8.1</b>	<b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing. Included in this plan as <b>Attachment J</b>
<b>8.2</b>	<b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan. Included in this plan as <b>Attachment K</b>
<b>8.3</b>	<b>Capital Fund Financing Program (CFFP).</b> <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.
<b>9.0</b>	<b>Housing Needs.</b> Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location. Included in this plan as <b>Attachment L</b>

<b>9.1</b>	<b>Strategy for Addressing Housing Needs.</b> Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b> Saline County is striving to reduce the turnaround time on vacant units so when applicants are approved they can be housed as soon as they have their security deposit and first months rent. We are hoping the economy will rebound and the job market in our area will improve. It is difficult for prospective residents to come up with deposit and rent money.
<b>10.0</b>	<b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.  (a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan. Included in this plan as <b>Attachment A</b> (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" Included in this plan as <b>Attachment M</b>

<b>11.0</b>	<b>Required Submission for HUD Field Office Review.</b> In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.  (a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights) (b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) (c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) (d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) (e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only) (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations. (g) Challenged Elements <b>Resident Advisory Board Comments Included in this plan as Attachment N</b> <b>(h)</b> (h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report Attachment J</i> (i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan Attachment K</i>
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## **ELEMENT A**

### **Report on Meeting our Strategic Goals**

#### **II. REDUCE PUBLIC HOUSING VACANCIES**

Saline County Housing Authority occupancy has been down during the last 12 months. We have advertised, had meetings with agencies in our county and with church groups to improve occupancy. We have also demolished 5 units and renovated the exteriors of one of our problem developments. It is now at 100% occupancy. Over the past several years we have demolished 39 dwelling units and we planning to demolish 12 more units at our Barnett Street location that has occupancy issues.

#### **III. IMPROVE THE QUALITY OF ASSISTED HOUSING**

PHA Score 90  
SEMAP Score 100

We have held several residents meeting during the past 12 months to improve customer satisfaction. We have added air conditioning to some of our apartments and are in the process of installing 98 additional air conditioning units with ARRA Grant Money. Our Capital Fund Program allows us to modernize our existing housing stock so we can be competitive with private management companies that offer attractive amenities while catering to the needs of our residents. As mentioned above we have done some demolition and plan to demolish 12 more units with Capital Funds. We are not planning any replacement housing due to the vacancy issues in our rural community.

##### **Increasing Assisted Housing Choices**

Our Section 8 Coordinator counsels and explains the benefits of portability to Section 8 Participants. She explains the benefits of being a Section 8 Landlord to prospective landlords.

#### **IV. PROVIDE IMPROVED LIVING ENVIRONMENT**

We hired 2 additional off-duty policemen to patrol at various intervals, 4-5 nights a week at some of our family developments. The Local Law Enforcement Agencies have been aggressive in dealing with the illegal drug trafficking in our developments and have several class X felonies from a recent Grand Jury Indictment, which resulted in a County Wide Drug Sweep. We have installed security cameras at some of our sites and plan to install more.

#### **V. PROMOTION OF SELF-SUFFICIENCY AND ASSET DEVELOPMENT**

We go into great detail explaining the Mandatory Earned Income Program and our Flat Rents so residents understand they can go to work and not be forced to pay excessive amounts of rent when their earned income increases.

We continue to provide space for Adult Daycares in two of our high rises. We also work closely with agencies in our area that provide elderly and disabled services.

##### **Ensure Equal Opportunity and affirmatively further Fair Housing Objectives**

Management meets with employees, explaining and assuring that all employees understand Fair Housing. We plan to attend additional Fair Housing Training in 2010 & 2011.

## **ELEMENT B**

**THE FOLLOWING POLICIES HAVE BEEN CHANGED BY THE SALINE COUNTY HOUSING AUTHORITY BOARD OF COMMISSIONERS TO THE ADMISSIONS AND CONTINUED OCCUPANCY POLICY**

### **Chapter 2**

#### **ELIGIBILITY FOR ADMISSION**

**Sections of ACOP that have changed since last PHA Plan Submission are highlighted.**

#### **G. SCREENING FOR SUITABILITY [24 CFR 960.203, 960.204, 960.205]**

Applicant families will be evaluated to determine whether, based on their recent

behavior, such behavior could reasonably be expected to result in noncompliance with

the public housing lease. The Saline County Housing Authority will look at past conduct

as an indicator of future conduct. Emphasis will be placed on whether a family's

admission could reasonably be expected to have a detrimental effect on the

development environment, other tenants, Housing Authority employees, or other

people residing in the immediate vicinity of the property. Otherwise eligible families with

be denied admission if they fail to meet the suitability criteria.

In developing its admission policies, the aim of the SCHA is to attain a tenant body composed of families with a broad range of incomes and to avoid concentrations of the most economically deprived families and families with serious social problems. Therefore, it is the policy of the SCHA to deny admission to applicants whose habits and practices may reasonably be expected to have a detrimental effect on the operations of the development or neighborhood, or on the quality of life for its residents.

The SCHA will conduct a detailed interview of all applicants. The interview form will contain questions designed to evaluate the qualifications of applicants to meet the essential requirements of tenancy. Answers will be subject to third party verification.

An applicant's intentional misrepresentation of any information related to eligibility, award of preference for admission, housing history, allowances, family composition or rent will result in denial of admission.

Applicants must be able to demonstrate the ability and willingness to comply with the terms of the lease, either all or with assistance that they can demonstrate that they have or will have at the time of admission. (24 CFR 8.3, Definition: Qualified Individual with Handicaps) The availability of assistance is subject to verification by the SCHA.

The SCHA does not permit a parent or legal guardian to co-sign the lease on the applicant's behalf if the head of household is under 18 and, under State/local law, does not have the legal capacity to enter into a legally binding contract.

As a part of the final eligibility determination, the SCHA will screen each applicant household to assess their suitability as renters. The SCHA will complete a rental history check on all applicants.

The SCHA shall rely upon sources of information which may include, but are not limited to, SCHA records, personal interviews with the applicant or tenant, interviews with previous landlords, employers, family social workers, parole officers, criminal and court records, clinics, physicians or the police department, and (5/1/2010) the use of computer generated Tenant Screening/Credit Reports. **Credit Reports were added.**

**Home Visits were eliminated as of 5/1/2010. This language was taken out. We no longer conduct home visits.**

## **ELEMENT C**

### **Chapter 6 INCOME AND RENT DETERMINATIONS** [24 CFR Part 5, Subparts E and F; 24 CFR 960, Subpart

#### **6-II.D. MEDICAL EXPENSES DEDUCTION [24 CFR 5.611(a)(3)(i)]**

**This language was added to the ACOP**

#### **Emotional Support Animals as a Medical Deduction for disabled and Elderly Families**

**Disabled and elderly families who claim medical deductions may be approved to have “Emotional Support Animals” and the care of the animal is part of the medical deductions. The families must provide written documentation from 2 medical professionals stating their need for such animals. The “ESA” will be subject to the pet policy guidelines regarding pet deposit, immunization records, weight limits, behavior, etc., however the family with “ESA” medical deductions will include the food and veterinary bills of the animal. (effective 8/1/09)**

## **ELEMENT D**

### **Chapter 10**

#### **PET POLICY**

**Exclusions: This policy does not apply to pets to assist persons with disabilities. Assistive animals are allowed in public housing facilities with no restrictions other than those imposed on all residents to maintain their units and associated facilities in a decent, safe and sanitary manner and to refrain from disturbing their neighbors. Assistive animals must have records showing they have been trained as assistive animals for persons with disabilities from an accredited training person or facility.**

#### **A. MANAGEMENT APPROVAL FOR PETS**

Your lease with the Housing Authority for Saline County contains a pet clause. Changes in Federal regulations permit pets in family and elderly developments, provided the Housing Authority for Saline County has been notified and has issued written approval. Resident must request approval on the Authorization for Pet Ownership Form that must be fully completed before the Authority will approve the request. The SCHA will allow only domesticated dogs, cats, birds, and fish in aquariums. All dogs and cats must be neutered, unless the animal is A.K.C. registered and is being used for breeding purposes, or has a medical excuse from a licensed veterinarian. After September 1, 2006, residents will be required to pay a pet deposit of **\$150. At the time the pet (cat or dog) is approved, \$50 must be paid and \$10 each month until paid in full (3/1/2010).** When a resident moves out, any damages caused by the pet will be deducted from the pet deposit. If no damage is done, the deposit will be refunded.

**The highlighted section was added to assist residents with pet deposits.**

#### **B. STANDARDS FOR PETS**

1. No adult pet shall exceed the weight of 20 lbs **at the time of approval. The pet will be weighed at the Housing Authority Office and a picture of the pet will be taken for the file.**

**This language was added to the Pet Policy.**



## **ELEMENT E**

### **Chapter 13**

#### **LEASE TERMINATIONS**

[24 CFR 966.4]

#### **Highlighted section added to ACOP**

##### **B. TERMINATION BY PHA**

Termination of tenancy will be in accordance with the PHA's lease.

The public housing lease is automatically renewable, EXCEPT the public housing lease shall have a 12-month term for community service and will not be renewed in the case of noncompliance with the community service requirements. See Chapter on Community Service.

The lease may be terminated by the PHA at any time by giving written notice for serious or repeated violation of material terms of the lease, such as, but not limited to the following:

Nonpayment of rent or other charges due under the Lease, or repeated chronic late payment of rent;

Failure to provide timely and accurate statements of income, assets, expenses and family composition at Admission, Interim, Special or Annual Rent Recertifications;

Assignment or subleasing of the premises or providing accommodation for boarders or lodgers;

Permitting persons not on the lease to reside in the unit more than 14 days out of any 90 day period each year without prior approval of the PHA;

#### **Knowingly allowing Barred People to come to their apartment**

The unit is not the resident's primary residence;

The Resident has unauthorized pets or more than one pet at the unit;

Failure to abide by necessary and reasonable rules made by the PHA for the benefit and well being of the housing project and the Tenants;

Failure to abide by applicable building and housing codes materially affecting health or safety;

Failure to dispose of garbage waste and rubbish in a safe and sanitary manner;

Failure to use electrical, plumbing, sanitary, heating, ventilating, air conditioning and other equipment, including elevators, in a safe manner;

Acts of destruction, defacement or removal of any part of the premises, or failure to cause guests to refrain from such acts;

**Chapter 13**  
**LEASE TERMINATIONS**  
[24 CFR 966.4]

**F. APARTMENT ABANDONMENT**

**Highlighted section added to ACOP**

The PHA will consider a unit abandoned when a resident has both fallen behind in rent and has clearly indicated by words or actions an intention not to continue living in the unit.

1. If tenants remove furniture and personal items, the PHA may immediately consider the premises vacated and the lease terminated.
2. If tenants do not actually live and reside in the premises and leave the same unoccupied by their absence, the PHA may, if this condition continues for 30 days, consider the premises vacated and the lease terminated. When it has been discovered that the apartment is unoccupied and some personal items have been left in the unit, a letter will be sent to the tenant letting them know that after the 30 days have passed, the PHA will consider the lease terminated and will take possession of the unit. This “30 days” is the time the tenants should pick up any belongings the tenant would consider valuable. There will not be an additional 30 days for storage of those items. If the PHA does not hear from the resident within the 30 days, the maintenance staff will change the locks and dispose of any personal property left in the premises at the resident’s expense.
3. All abandonment notices will be mailed by certified mail with return receipt.

**G. DECEASED SINGLE MEMBER HOUSEHOLDS**

As mandated by HUD, once any Public Housing Authority confirms the death of the HOH of a single member household the PHA is required to complete and submit a form (HUD-50058) with end of participation date. The PHA may list the date of death as the last day of the month in which the death occurred. The PHA may coordinate the removal of personal belongings within 7 days.

## **ELEMENT F**

### **Chapter 15**

#### **FAMILY DEBTS TO THE PHA**

##### **A. PAYMENT AGREEMENT FOR FAMILIES**

###### **Additional Monies Owed**

If the family has a payment agreement in place and incurs an additional debt to the PHA:

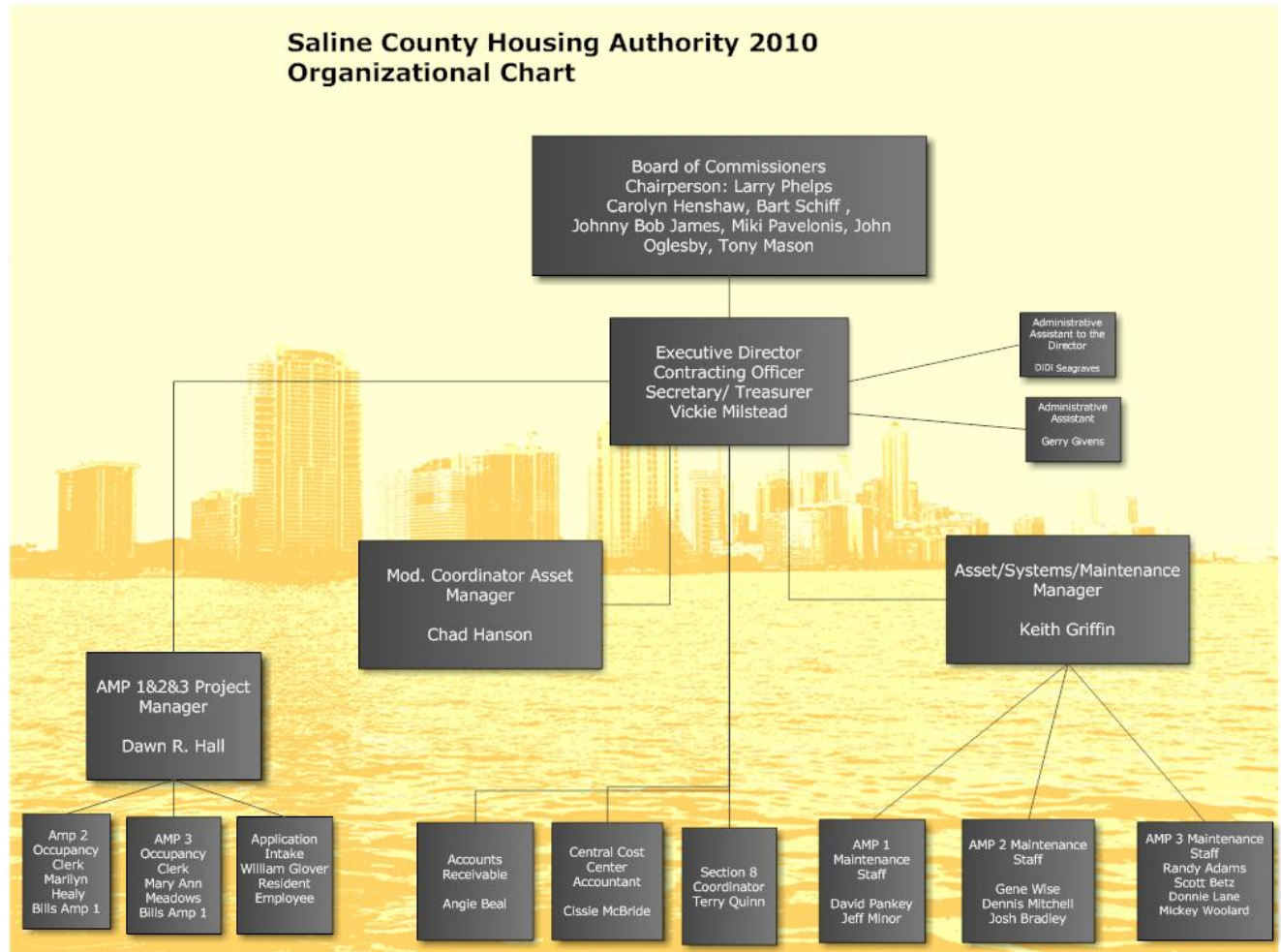
The PHA will not enter into more than one payment agreement at a time with the same family. The first payment agreement must be paid off before an additional one can be executed. The Project Manager or the Executive Director must approve and sign any repayment agreement.

Families will be allowed (under certain conditions) 2 repayment agreements in a 12 month period.

**Highlighted section added to ACOP**

## ELEMENT G

### Organizational Chart



## Element H

### Procurement Policy

THE FOLLOWING **HIGHLIGHTED** CHANGES HAVE BEEN MADE BY THE SALINE COUNTY HOUSING AUTHORITY BOARD OF COMMISSIONERS

Small purchase amount increased from \$5000 to \$100,000.00

- A. **General** - Any construction contracts (demolition, excavation, construction, alteration or renovation) and purchases of materials or supplies not exceeding \$100,000 may be made in accordance with the small purchase procedures authorized in this section. Contract requirements shall not be artificially divided so as to constitute a small purchase under this section (except as may be reasonably necessary to comply with Section 5.0 of this Policy).
- B. **Petty Cash Purchases** - Small purchases less than Fifty Dollars (\$50.00), which can be satisfied by local sources, may be processed through the use of a petty cash account. The Contracting Officer shall ensure that the account is established in an amount sufficient to cover small purchases made during a reasonable period (e.g., one month), security is maintained, and only authorized individuals have access to the account. The account shall be periodically reconciled and replenished by submission of a voucher to the Authority's Finance Director and periodically audited by the Finance Director or designee to validate proper use and to verify that the account total equals cash on hand plus the total of accumulated vouchers.
- C. **Small purchases of \$5,000 or less** - For small purchases below \$5,000, only one quotation need be solicited if the price received is considered reasonable. Such purchases must be distributed equitably among qualified sources. If practicable, a quotation shall be solicited from other than the previous source before placing a repeat order.
- D. **Small purchases over \$5,000** - For small purchases in excess of \$5,000 but not exceeding \$10,000, no less than three offerors shall be solicited to submit price quotations. These quotes may be obtained orally, by telephone, or in writing, as allowed by State or local laws. Award shall be made to the offeror providing the lowest acceptable quotation, unless justified in writing based on price and other specified factors, such as for architect-engineer contracts. If non-price factors are used, they shall be disclosed to all those solicited. The names, addresses, and/or telephone numbers of the offerors and persons contacted, and the date and amount of each quotation shall be recorded and maintained as a public record (unless otherwise provided in State or local law).
- E. **Local Threshold Limits** - The Saline County Housing Authority hereby establishes a threshold limit of \$100,000 for the procurement of service, contracts, equipment or materials (including contract modifications) before authorization is required of the Authority Board of Commissioners. The Contracting Officer is hereby authorized to obligate and expend Authority funds for procurement of service, contracts, equipment or materials (including contract modifications) not exceeding \$100,000 in value.

At the Contracting Officers discretion, the obligation of Authority funds for procurement of service, contracts, equipment or materials (including contract modifications) exceeding \$100,000

in value, may be granted after approval from either a resolution from the full Board of Commissioners, or the Building Committee of the Board of Commissioners.

The provision stated above regarding the obligation of Authority funds **exceeding \$100,000 in value** for the procurement of service, contracts, equipment or materials (including contract modifications) is hereby waived when the Contracting Officer deems the work to be a **EMERGENCY CONTRACT**. The Contracting Officer will give a full disclosure and report to the Authority's Board of Commissioners at their next regular or special meeting.

## **ELEMENT I**

### **Financial Resources- Planned Sources and Uses**

#### **SUBSIDY 2011**

Public Housing Operating Fund	1,261,846.00
Section 8 Vouchers	342,948.00
FmHA Section 515	109,250.00

#### **CFP GRANTS**

CFP 08	121,173.00
CFP 09	121,483.00
CFP 10	784,402.00
CFP 11	787,000.00

<b>PHA DWELLING RENTAL INCOME</b>	<b>836,750.00</b>
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#### **OTHER INCOME**

Late Charges, Maintenance Charges	64,700.00
Non dwelling rental	9,500.00
Laundry & Soda Income	22,000.00

<b>Total Resources</b>	<b>4,461,052.00</b>
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**ELEMENT J**

**Capital Fund Annual Statements  
&  
Performance & Evaluation Reports**



Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

<b>Part I: Summary</b>					
<b>PHA Name: Saline County Housing IL-43</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P04350111 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant: 2011</b> <b>FFY of Grant Approval: 2011</b>
<b>Type of Grant</b> <input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no:                      )</b> <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	78700.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	59,000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	325,460.00			
10	1460 Dwelling Structures	273,000.00			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
**Expires 4/30/2011**

<b>Part I: Summary</b>					
<b>PHA Name:</b> Saline County		<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P04350111 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant:2011</b> <b>FFY of Grant Approval: 2011</b>
<b>Type of Grant</b> <input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no:                      )</b> <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)	51,540.00			
20	Amount of Annual Grant:: (sum of lines 2 - 19)	787,700.00			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b>		<b>Date</b>		<b>Signature of Public Housing Director</b>	
				<b>Date</b>	

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

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<b>Part II: Supporting Pages</b>								
PHA Name: Saline County Housing			<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P04350111 CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2011</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
43-143 Bradley Choisser	Install new boilers & appliances	1460	L.S.	164,000.00		0.00	0.00	Planned 2011
43-143 Bradley Choisser	Renovate Old Elevator	1460	L.S.	64,000.00		0.00	0.00	Planned 2011
43-14B Barnes	Install New Roofs & Doors	1460	5 Bldgs.	105,000.00		0.00	0.00	Planned 2011
43-5 Harrison	Replace Driveway & Trash Surrounds	1450	1 Site	69,500.00		0.00	0.00	Planned 2011
PHA Wide	A/E Fees	1430	L.S.	59,000.00		0.00	0.00	Planned 2011
PHA Wide	Administrative	1410	L.S.	78,000.00		0.00	0.00	Planned 2011
PHA Wide	Contingency	1502	L.S.	51,540.00		0.00	0.00	Planned 2011
43-4 Washington	Replace Driveways & Site Improvements	1450	1 Site	255,960.00		0.00	0.00	Planned 2011
						0.00	0.00	Planned 2011
						0.00	0.00	Planned 2011
						0.00	0.00	Planned 2011
						0.00	0.00	Planned 2011
						0.00	0.00	Planned 2011

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
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**Expires 4/30/2011**

[illegible]

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
**Expires 4/30/2011**

[illegible]

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

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<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name:					Federal FFY of Grant:
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

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 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
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 OMB No. 2577-0226  
 Expires 4/30/2011

<b>Part I: Summary</b>					
PHA Name: Saline County Housing IL043		<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P04350107 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant: 2007</b> <b>FFY of Grant Approval: 2007</b>
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:      ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/2010 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements	5,000.00		5,000.00	3,389.81
4	1410 Administration (may not exceed 10% of line 21)	74,355.20		73,355.20	73,355.20
5	1411 Audit	1,800.00		1,800.00	1,800.00
6	1415 Liquidated Damages				
7	1430 Fees and Costs	50,000.00		50,000.00	50,000.00
8	1440 Site Acquisition				
9	1450 Site Improvement	41,505.00		41,505.00	11,079.44
10	1460 Dwelling Structures	557,800.00		557,800.00	557,800.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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Annual Statement/Performance and Evaluation Report  
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U.S. Department of Housing and Urban Development  
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**Expires 4/30/2011**

<b>Part I: Summary</b>					
<b>PHA Name:</b> Saline County IL043	<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P04350107 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant:2007</b> <b>FFY of Grant Approval: 2007</b>			
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:        ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/2010 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)	13,091.80		13,091.80	13,091.80
20	Amount of Annual Grant:: (sum of lines 2 - 19)	743,552.00		743,552.00	711,516.25
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b>		<b>Date</b>		<b>Signature of Public Housing Director</b>	
				<b>Date</b>	

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<b>Part II: Supporting Pages</b>								
PHA Name: Saline County Housing IL043			<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P03450107 CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2007</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
43-13C Neal Apts	Install New Bifold Doors in all units	1460	105 Doors	54,645.20		54,645.20	54,645.20	Complete
43-13C Neal Apts	Install New Entrance Doors in all units	1460	100 Doors	56,354.20		56,354.20	56,354.20	Complete
43-13C Neal Apts	Install New Security Lighting	1450	LumpSum	18,931.20		18,931.20	18,931.20	Complete
43-7 Blackman	Install new Bi-fold doors & Fire Alarm System	1460	60 Apts	152,000.00		152,000.00	152,000.00	complete
43-14S Sneed	Install New boiler system & Water heater	1450	1 Sys	89,654.20		89,654.20	89,654.20	Complete
43-7 Blackman	Install New Roofing System	1460	1BLD	75,200.00		75,200.00	44,774.34	Complete
AMP Wide	A/E Fees	1430	L.S.	50,000.00		50,000.00	50,000.00	Complete
43-14S Sneed	Install new Fire Alarm System	1460	L.S.	56,925.00		56,925.00	56,925.00	Complete
43-14C BradleyChoisser	Install new Fire Alarm System	1460	L.S.	56,925.00		56,925.00	56,925.00	Complete
43-14S Sneed	Install new Refrigerators	1460	51	38,670.20		38,670.20	38,670.20	Complete
AMP Wide	Administration	1410	L.S.	74,355.20		74,355.20	74,355.20	Complete
Contingency AMP Wide	Contingency	1502	L.S.	13,091.80		13,091.80	13,091.80	Complete
AMP Wide	Mgt. Improvements	1408		5,000.00		5,000.00	3,389.81	In Progress
AMP Wide	Audit Cost	1411		1,800.00		1,800.00	1,800.00	Complete
Total				743,552.00		743,552.00	711,516.25	32,035.75 Bal.

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report  
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Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
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OMB No. 2577-0226  
**Expires 4/30/2011**

[illegible]

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

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U.S. Department of Housing and Urban Development  
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**Expires 4/30/2011**

[illegible]

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Annual Statement/Performance and Evaluation Report  
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**Expires 4/30/2011**

[illegible]

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Annual Statement/Performance and Evaluation Report  
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<b>Part I: Summary</b>					
PHA Name: Saline County Housing IL043		<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P04350108 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant: 2008</b> <b>FFY of Grant Approval: 2008</b>
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2010 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	0.00			
3	1408 Management Improvements	58,000.00		47,740.14	47,740.14
4	1410 Administration (may not exceed 10% of line 21)	75,646.00		75,646.00	75,646.00
5	1411 Audit	1,800.00		1,800.00	1,800.00
6	1415 Liquidated Damages				
7	1430 Fees and Costs	53,000.00		53,000.00	53,000.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	539,256.31		529,287.20	3,244.31
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition	21,759.69		21,755.69	21,755.69
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

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<b>Part I: Summary</b>					
<b>PHA Name:</b> Saline County IL043	<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P04350108 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant:2008</b> <b>FFY of Grant Approval: 2008</b>			
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:        ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2010 <input type="checkbox"/> Final Performance and Evaluation Report					
<b>Line</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost <sup>1</sup></b>	
		<b>Original</b>	<b>Revised <sup>2</sup></b>	<b>Obligated</b>	<b>Expended</b>
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)	7,000.00		7,000.00	7,000.00
20	Amount of Annual Grant:: (sum of lines 2 - 19)	756,462.00		736,229.03	210,186.14
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b>		<b>Date</b>		<b>Signature of Public Housing Director</b>	
				<b>Date</b>	

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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U.S. Department of Housing and Urban Development  
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OMB No. 2577-0226  
**Expires 4/30/2011**

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Capital Fund Financing Program

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**Expires 4/30/2011**

[illegible]

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.



Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Saline County Housing IL043					Federal FFY of Grant: 2008
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
All Activities	09/15/2012		09/30/2014		

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

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**Expires 4/30/2011**

[illegible]

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

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<b>Part I: Summary</b>					
PHA Name: Saline County Housing IL043		<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P04350109 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant: 2009</b> <b>FFY of Grant Approval: 2009</b>
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:      ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2010 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	79,500.00		79,500.00	79,500.00
5	1411 Audit	1,800.00			
6	1415 Liquidated Damages				
7	1430 Fees and Costs	55,000.00		8,769.96	8,769.96
8	1440 Site Acquisition				
9	1450 Site Improvement	42,000.00			
10	1460 Dwelling Structures	576,206.00			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
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**Expires 4/30/2011**

<b>Part I: Summary</b>					
<b>PHA Name:</b> Saline County IL043	<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P04350109 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant:2009</b> <b>FFY of Grant Approval: 2009</b>			
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:        ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2010 <input type="checkbox"/> Final Performance and Evaluation Report					
<b>Line</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost <sup>1</sup></b>	
		<b>Original</b>	<b>Revised <sup>2</sup></b>	<b>Obligated</b>	<b>Expended</b>
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)	45,014.00			
20	Amount of Annual Grant:: (sum of lines 2 - 19)	799,520.00		88,269.96	88,269.96
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b>		<b>Date 09/03/2009</b>	<b>Signature of Public Housing Director</b>		<b>Date</b>

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

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**Expires 4/30/2011**

<b>Part II: Supporting Pages</b>								
PHA Name: Saline County Housing IL043			<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P04350109 CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2009</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
43-144 Mings	Install new E.E. Furnaces & Accessories	1460	10	45,000.00				Planned
43-144 Mings	Renovate Kitchens	1460	10	40,000.00				Planned
43-144 Mings	Install Security Lighting	1450	14	42,000.00				Planned
43-144 Mings	Install new interior doors	1460	50	30,000.00				Planned
43-144 Mings	Renovate Bathrooms	1460	10	30,000.00				Planned
43-144 Mings	Install new entrance & storm doors	1460	50	47,000.00				Planned
43-144 Mings	Abate & replace Gypsum Board	1460	10	57,000.00				Planned
43-144 Mings	Install New Electric Service	1460	10	45,000.00				Planned
43-144 Mings	Install New Roofs	1460	5 Building	86,600.00				Planned
43-144 Mings	Abate & replace Flooring	1460	10	54,400.00				Planned
43-144 Mings	Replace Plumbing	1460	10	33,406.00				Planned
H.A. Wide Admin	Administration	1410	1	79,500.00		79,500.00	79,500.00	Completed
AMP Wide Audit	Audit Costs	1411	1	1,800.00				Planned
A/E Fees	Architect/Engineer Fees	1430	1	55,000.00		8,769.96	8,769.96	In Progress
43-131 Holland Street	Termite Treatment	1460	2 Building	8,000.00				Planned
43-131 Holland Street	Replace interior doors	1460	54	27,000.00				Planned
43-131 Holland Street	Replace Exterior Doors & Strom Doors	1460	30	22,800.00				Planned
Contingency	Contingency	1502	1	48,420.00				Planned
43-131 Holland Street	Install new Roofs & Ventilation System	1460	2 Building	50,000.00				Planned

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<sup>2</sup> To be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
**Expires 4/30/2011**

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>2</sup> To be completed for the Performance and Evaluation Report.

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
**Expires 4/30/2011**

[illegible]

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

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 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

<b>Part I: Summary</b>					
PHA Name: Saline County Housing IL043		<b>Grant Type and Number</b> Capital Fund Program Grant No: IL0S04350109 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant: 2009</b> <b>FFY of Grant Approval: 2009</b>
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:1 ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2010 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	90,753.00		90,753.00	90,753.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	65,000.00		65,000.00	41,967.60
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	789,778.00		762,479.92	762,479.92
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs	12,000.00		3,818.90	3,818.90
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
**Expires 4/30/2011**

<b>Part I: Summary</b>					
<b>PHA Name:</b> Saline County IL043		<b>Grant Type and Number</b> Capital Fund Program Grant No: IL0S04350109 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant:2009</b> <b>FFY of Grant Approval: 2009</b>
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1 ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2010 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	957,531.00		899,019.42	899,019.42
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b>		<b>Date</b>		<b>Signature of Public Housing Director</b>	
				<b>Date</b>	

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

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<b>Part II: Supporting Pages</b>								
PHA Name: Saline County Housing IL043			<b>Grant Type and Number</b> Capital Fund Program Grant No: IL0S04350109 CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2009</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
AMP Wide	Administration	1410	LS	90,753.00		90,753.00	90,753.00	completed
AMP Wide	A/E Fees	1430	LS	65,000.00		65,000.00	41,967.60	in progress
AMP 3 43-4	Replace Roofs & Accessories	1460	8 Blds.	75,800.00		75,800.00	75,800.00	completed
AMP 3 43-5	Replace Roofs & Renovate Interiors	1460	6 Units	160,000.00		160,000.00	160,000.00	completed
AMP 3 43-5	Relocate Residents while complete interior renovations being conducted	1495.1	6 Families	12,000.00		12,000.00	3,818.90	Planned
AMP 3 43-10	Replace Electric Service & Panels	1460	10 Units	45,000.00		45,000.00	45,000.00	completed
AMP 3 43-10	Install Central A/C	1460	10Units	30,000.00		30,000.00	30,000.00	completed
AMP 3 43-11	Renovate Kitchens & Install Flooring	1460	6 Units	62,660.00		62,660.00	62,660.00	completed
AMP 3 43-11	Replace Electric Service & Panels	1460	6 Units	28,000.00		28,000.00	28,000.00	completed
AMP 3 43-11	Security Lighting , Panels & Gas system	1460	6Units	11,300.00		11,300.00	11,300.00	completed
AMP 3 43-142	Security Lighting & Panels	1460	10 Units	28,000.00		28,000.00	28,000.00	completed
AMP 3 43-142	Install Energy Efficient Furnaces & Acc.	1460	10Units	33,000.00		33,000.00	33,000.00	completed
AMP 3 43-142	Renovate Bathrooms	1460	10 Units	64,000.00		64,000.00	64,000.00	completed
AMP 3 43-145	Install Energy Efficient Furnaces & Acc.	1460	10 Units	52,500.00		52,500.00	52,500.00	completed
AMP 1 43-133	Install Central A/C & Accessories	1460	50 Units	115,518.00		115,518.00	115,518.00	completed
AMP 2 43-9	Install Central A/C & Accessories	1460	12 Units	24,000.00		24,000.00	24,000.00	completed
AMP 3 43-8	Install Centrel A/C & Accessories	1460	20 Units	60,000.00		60,000.00	60,000.00	completed
Total								

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
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**Expires 4/30/2011**

[illegible]

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup>To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report  
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[illegible]

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

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U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
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**Expires 4/30/2011**

<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name:					<b>Federal FFY of Grant:</b>
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

<b>Part I: Summary</b>					
<b>PHA Name: Saline County Housing IL-43</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P04350110 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant: 2010</b> <b>FFY of Grant Approval: 2010</b>
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:      ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2010 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	75,646.00		0.00	0.00
5	1411 Audit	1,800.00		0.00	0.00
6	1415 Liquidated Damages				
7	1430 Fees and Costs	52,600.00		0.00	0.00
8	1440 Site Acquisition				
9	1450 Site Improvement	277,514.00		0.00	0.00
10	1460 Dwelling Structures	336,842.00		0.00	0.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.





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 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
**Expires 4/30/2011**

<b>Part I: Summary</b>					
<b>PHA Name:</b> Saline County		<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P04350110 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant:2010</b> <b>FFY of Grant Approval: 2010</b>
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:        ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2010 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)	40,000.00		0.00	0.00
20	Amount of Annual Grant:: (sum of lines 2 - 19)	784,402.00		0.00	0.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b>		<b>Date 06/21/2010</b>		<b>Signature of Public Housing Director</b>	
				<b>Date</b>	

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

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<b>Part II: Supporting Pages</b>								
PHA Name: Saline County Housing			<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P04350110 CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2010</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
AMP Wide	Administration	1410	L.S.	75,646.00		0.00	0.00	Planned 2010
AMP Wide	Audit Costs	1411	L.S.	1,800.00		0.00	0.00	Planned 2010
AMP Wide	A/E Fees	1430	L.S.	52,600.00		0.00	0.00	Planned 2010
AMP 3 43-8	Install new water main	1450	L.S.	30,000.00		0.00	0.00	Planned 2010
AMP 2 43-13A	Install new roof & ventilation system	1460	2Buildings	35,000.00		0.00	0.00	Planned 2010
AMP 2 43-13A	Install new entrance doors & storm doors	1460	6 Units	24,000.00		0.00	0.00	Planned 2010
AMP 2 43-13A	Replace driveway section & sidewalk	1450	L.S.	20,000.00		0.00	0.00	Planned 2010
AMP 2 43-14M	Install Security lighting	1450	6 Lights	12,000.00		0.00	0.00	Planned 2010
AMP 2 43-14M	Install new roof & ventilation system	1460	5Buildings	45,000.00		0.00	0.00	Planned 2010
AMP 1 43-7	Install new windows in building	1460	186 Units	217,842.00		0.00	0.00	Planned 2010
AMP 1 43-7	Exterior Painting & wall repairs	1460	1Building	15,000.00		0.00	0.00	Planned 2010
AMP 3 43-4	Driveway Repairs, Sidewalks, Drainage	1450	L.S.	215,514.00		0.00	0.00	Planned 2010
AMP Wide	Contingency	1502	L.S.	40,000.00		0.00	0.00	Planned 2010

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development  
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**Expires 4/30/2011**

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>2</sup> To be completed for the Performance and Evaluation Report.

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

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**Expires 4/30/2011**

[illegible]

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name:					Federal FFY of Grant:
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

## **ELEMENT K**

### **Five-Year Action Plan**

<b>PART I: SUMMARY</b>						
PHA Name/Number Saline County IL043			Locality Harrisburg, Saline, Illinois		<input checked="" type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:
A.	Development Number and Name	Work Statement for Year 1 FFY 2011	Work Statement for Year 2 FFY 2012	Work Statement for Year 3 FFY 2013	Work Statement for Year 4 FFY 2014	Work Statement for Year 5 FFY 2015
<b>B</b>	Physical Improvements Subtotal	Annual Statement	534,814.00	595,814.00	595,814.00	2,124,000.00
C.	Management Improvements		25,000.00	25,000.00	25,000.00	33,000.00
D.	PHA-Wide Non-dwelling Structures and Equipment					
<b>E</b>	<b>ADMINISTRATION</b>		75,646.00	75,646.00	75,646.00	100,000.00
F.	Other A/E Fees		59,000.00	60,000.00	60,000.00	165,920.00
G.	Operations					
H.	Demolition		62,000.00			
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		756,460.00	756,460.00	756,460.00	2,407,920.00
L.	Total Non-CFP Funds					
M.	Grand Total		756,460.00	756,460.00	756,460.00	2,407,920.00

**PART I: SUMMARY (CONTINUATION)**

PHA Name/Number			Locality (City/county & State)		<input checked="" type="checkbox"/> <b>Original 5-Year Plan</b>	<input type="checkbox"/> <b>Revision No:</b>
A.	Development Number and Name	Work Statement for Year 1 <b>FFY 2011</b>	Work Statement for Year 2 <b>FFY 2012</b>	Work Statement for Year 3 <b>FFY 2013</b>	Work Statement for Year 4 <b>FFY 2014</b>	Work Statement for Year 5 <b>FFY 2015</b>
	43-1	<b>Annual Statement</b>	Site Work, renovate bathrooms, new roofs, install new doors, security cameras, replace driveway, sidewalks Construct trash containers			
	43-3 Kermit Coffee				Install security cameras	Replace roofs
	43-4 Washington Street				Renovate interiors	
	43-7 Blackman			Replace through wall heat/ac, replace stairwell windows & doors, renovate ground floor bathrooms		
	43-10 Milstead Apts.					Renovate Kitchens & Baths, Replace flooring, Paint, replace interior and entrance doors, and update plumbing, electric, and HVAC
	43-13C Kathryn Neil					Roofs & Soffit/Fascia
	43-13C Kathryn Neil					Site Improvements
	43-143 Bradley-Choisser				Replace through wall heat/ac	Renovate Kitchens & Baths, New Drives
	43-144 Mings				Install security cameras	
	43-145 Richey				Install security cameras & security lighting	
	43-146 Sneed			Renovate kitchens	Replace through wall heat/ac	Replace Corridor PTAC, New Parking, Renovate Common & Laundry, Renovate Apt. Baths



## Part II: Supporting Pages – Physical Needs Work Statement(s)

Work Statement for Year 1 FFY 2011	Work Statement for Year 2012 FFY 2012			Work Statement for Year 2013 FFY 2013		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
SEE	43-1 Barnett Street	94 BATHROOMS	188,000.00	Administration	Lump Sum	75,656.00
ANNUAL	43-1 Barnett Street	Demo 12 Units	60,000.00	A/E Fees	Lump Sum	60,000.00
Statement	Administration	Lump Sum	75,646.00	43-146 Sneed	51 Kitchens Renovate	195,962.80
				43-7 Blackman	140 PTAC Units	227,462.80
	43-1 Barnett Street	1 Security System	80,000.00			
	43-1 Barnett Street	20 Bldg. New Roofs	221,814.00	43-7 Blackman	28 Stairwell Windows	77,462.80
	43-1 Barnett Street	Site Work	47,000.00	43-7 Blackman	14 Stairwell Doors	52,462.80
	A/E Fees	Lump Sum	59,000.00	43-7 Blackman	2 H.C. Bathrooms 1 <sup>st</sup> Floor	42,462.80
	Subtotal of Estimated Cost		\$731,460.00	Subtotal of Estimated Cost		\$713,460.00



Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY _____	Work Statement for Year <b>2012</b> FFY 2012		Work Statement for Year: <b>2013</b> FFY 2013	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
SEE				
ANNUAL	Maintenance Vehicle	20,000.00	Maintenance Vehicle	20,000.00
Statement	Training	5,000.00	Training	5,000.00
	Subtotal of Estimated Cost	\$25,000.00	Subtotal of Estimated Cost	\$25,000.00

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY _____	Work Statement for Year <b>2014</b> FFY 2014		Work Statement for Year: <b>2015</b> FFY 2015	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
SEE				
ANNUAL	Maintenance Vehicle	20,000.00		
Statement	Training	5,000.00		
			Equipment	25,000.00
			Training	8,000.00
	Subtotal of Estimated Cost	\$25,000.00	Subtotal of Estimated Cost	\$33,000.00

## **ELEMENT L**

### **SALINE COUNTY HOUSING AUTHORITY HOUSING NEEDS – WAITING LISTS**

Public Housing has 67 families on the waiting list ranging from extremely low-to- low income. The majority of these applicants are families with children. The waiting list is **not** closed.

Section 8 has a total of 111 applicants on the waiting list with the majority of these applicants in the extremely low income range with children. The waiting list is **not** closed.

## **ELEMENT M**

### **Definition of a Substantial Deviation or Significant Amendments of Modifications:**

Are defined as discretionary changes in the plans or policies of the Housing Authority that fundamentally change the mission, goals, objectives or plans of the agency and which require formal approval of the Board of Commissioners.

## ELEMENT N

### Resident Advisory Board Comments

<b>Resident Name</b>	<b>Description of Improvements</b>
<b>Lenora Krause</b>	New drives and Walks at Washington St. (IL-43-4); Playgrounds and New Walks at Harrison St. (IL-43-5); Renovate Units at Milstead Apts. (IL-43-10); Add Security Lighting at Church St. (IL-43-6); Renovate Bathrooms and New Drives at Bradley-Choisser Apts. (IL-43-14C); Provide “Awnings”, Site Sign, Additional Parking, New Closet Doors at Mill St. (IL-43-9)
<b>Jo Anne Barger</b>	Window Problems (top sash not locking and slides down), A/C doesn’t get cool enough, Add Clothes Lines, Add Storage, and Provide Generators at Barnett St. (IL-43-1)
<b>Darrell Sullivan</b>	Renovate Units and Provide Security Cameras at Milstead Apts. (IL-43-10); Add Security Lighting at Church St. (IL-43-6); Renovate Kitchens & Baths at Bradley-Choisser Apts. (IL-43-14C); Add Security Lighting, Provide Speed Bumps, Construct Larger Laundry Room, Provide Bar-B-Q Pit, Provide Larger Dumpster w/ Fenced enclosure, Provide New HVAC Corridors, Provide New Unit Signs at Sneed Hi-Rise (IL-43-14S), and Blackman Hi-Rise (IL-43-7)
<b>Sue &amp; Ken Bolander</b>	Renovate Units at Milstead Apts. (IL-43-10); Correct Site Drainage, New Parking, and Provide Railing on the porches at Church St. (IL-43-6); Mow lawn so that grass will blow away from parking lot & cars at Richey Apts. (IL-43-14R)
<b>Phyllis Lower</b>	Recommends Asphalt (blacktop) in lieu of Concrete [parking] at Washington St. (IL-43-4); Provide Picnic Shelter, New Mail Boxes, and New Closet Doors at Barnes Apts. (IL-43-14B)
<b>Bill Glover</b>	Provide New Windows, and Renovate Laundry Facility at Blackman Hi-Rise (IL-43-7); Provide Speed Bump at Sneed Hi-Rise (IL-43-14S)
<b>Mark &amp; Vanessa Landingham</b>	Add Security Lighting, Provide Security Cameras, New Parking, Provide Brick Enclosure for trash/dumpster, Replace Corridor HVAC, Construct Pavilion w/ Smoker Grille, Provide a Carpet Cleaner for tenants to rent, Renovate Common Areas, and Renovate Baths at Sneed Hi-Rise (IL-43-14S); Provide Playground at Richey Apts. (IL-43-14R); Renovate Units at Milstead Apts. (IL-43-10).
<b>Wilma Hopkins</b>	Storage Shelves in closets, counter for rolling out pie crust at Kathrine Neal Apartments (IL-43-13C)

**Explained to the RAB that the items that were suggested at the meetings were either completed, in the PHA Plan, not an authorized CFP item, would be added to the PHA Plan or were a maintenance item. Below is a summary for the PHA response to the residents comments.**

#### **IL-43-1 (Barnett St.)**

Window Problems – maintenance

A/C not cooling – maintenance

Clothes Line – not necessary b/c dryer connections are provided

Provide Generators – not financially feasible to provide individual apt. generators or whole site generators

#### **IL-43-4 (Washington St.)**

New Drive & Walks – scheduled for CFP 2010 & 2011

#### **IL-43-5 (Harrison St.)**

Playgrounds – scheduled for CFP 2011

#### **IL-43-6 (Church St.)**

Security Lights – completed in 2007

Site Drainage – not an issue

New Parking – completed in 2009

Railing at porch – only required at accessible units

**IL-43-7 (Blackman Hi-Rise)**

New Windows – scheduled for CFP 2010  
Renovate Laundry – not an issue  
Security lights – not necessity b/c lighting levels are adequate  
Speed Bump – we do not own roadway  
Larger Dumpster w/ fence enclosure – maintenance is doing this change  
Update HVAC @ corridors – not an issue  
Provide New Unit Signs – maintenance  
Provide Bar-B-Q Pit – not an authorized CFP item

**IL-43-10 (Milstead Apts.)**

Renovate Units – added to PHA Plan 2015  
Install Security Camera – not necessity, no security issues

**IL-43-13C (Kathryn Neil Apts.)**

Storage Shelves – PHA will investigate  
Larger Counter for “pie cutting” – not feasible, kitchen previously renovated & no room for more countertop space

**IL-43-14B (Barnes Apts.)**

Construction Picnic Shelter – not an authorized CFP item  
New Mail Boxes – property of the US Postal Service  
New Closet Doors – scheduled for CFP 2011

**IL-43-14C (Bradley-Choisser Apts.)**

Renovate Bathrooms – added to PHA Plan 2015  
Renovate Kitchens – added to PHA Plan 2015  
New Closet Doors – added to PHA Plan 2015

**IL-43-14R (Richey Apts.)**

Mow lawn so clippings blow away from parking lot – maintenance  
Provide Playground – not feasible b/c city playground is within a block distance

**IL-43-14S (Sneed Hi-Rise)**

Security lights – not necessity b/c lighting levels are adequate  
Security Cameras – maintenance is installing  
Speed Bump – not necessity  
Larger Dumpster w/ fence enclosure – maintenance is doing this change  
Update HVAC @ corridors – added to PHA Plan 2015  
Provide New Unit Signs – maintenance  
Provide Bar-B-Q Pit – not an authorized CFP item  
New Parking – added to PHA Plan 2015  
Renovate Commons – added to PHA Plan 2015  
Construct Pavilion – not an authorized CFP item  
Renovate Bathroom – added to PHA Plan 2015  
Provide Carpet Cleaner - Not an authorized CFP item

**The Authority received no objections.**



## **ELEMENT O**

### **Carbon Monoxide Detector Act 430 ILCS 135**

Saline County Housing Authority had installed carbon monoxide detectors in 2001 prior to the Illinois Compiled Statute 430 ILCS 135. Every unit that has gas-operated appliances under the Housing Authority's control, has carbon monoxide detectors on each level and are checked for proper operation twice a year and replaced per manufacturers' recommendations.

## **ELEMENT P**

### ***SALINE COUNTY HOUSING AUTHORITY VIOLENCE AGAINST WOMEN ACT (VAWA)***

It is the policy of SCHA to cooperate with organizations and entities, both private and governmental that provides shelter and/or services to victims of domestic violence. If SCHA staff become aware that an individual assisted by SCHA is a victim of domestic violence, dating violence or stalking, SCHA will refer the victim to such providers of shelter or services as appropriate. Notwithstanding the foregoing, our Policy does not create any legal obligation requiring SCHA either to maintain a relationship with any particular provider of shelter or services to victims or domestic violence or to make a referral in any particular case.

SCHA works in conjunction with local law enforcement agencies, Illinois Department of Children and Family Services and Anna Bixby Women Center to ensure safety of residents against crimes of violence. Every resident at lease-up time is explained the policy in detail, given a resident handbook which includes the policy, and signs an addendum to the lease at both lease-up time and re-certification time.

## **ELEMENT Q**

### **Chapter 10**

#### **PET POLICY**

**Exclusions:** This policy does not apply to pets to assist persons with disabilities. Assistive animals are allowed in public housing facilities with no restrictions other than those imposed on all residents to maintain their units and associated facilities in a decent, safe and sanitary manner and to refrain from disturbing their neighbors. Assistive animals must have records showing they have been trained as assistive animals for persons with disabilities from an accredited training person or facility.

#### **A. MANAGEMENT APPROVAL FOR PETS**

Your lease with the Housing Authority for Saline County contains a pet clause. Changes in Federal regulations permit pets in family and elderly developments, provided the Housing Authority for Saline County has been notified and has issued written approval. Resident must request approval on the Authorization for Pet Ownership Form that must be fully completed before the Authority will approve the request. The SCHA will allow only domesticated dogs, cats, birds, and fish in aquariums. All dogs and cats must be neutered, unless the animal is A.K.C. registered and is being used for breeding purposes, or has a medical excuse from a licensed veterinarian. After September 1, 2006, residents will be required to pay a pet deposit of **\$150**. At the time the pet (cat or dog) is approved, \$50 must be paid and \$10 each month until paid in full (3/1/2010). When a resident moves out, any damages caused by the pet will be deducted from the pet deposit. If no damage is done, the deposit will be refunded.

**In order for the pet deposit to be refunded to the family prior to move-out, i.e.; the pet dies or the resident decided to remove the pet from the apartment; the resident must put in writing, a request for pet deposit refund. An inspection will be done to make sure there is no damage to the apartment from the pet. If there is damage from the pet, an estimate of these damages will be done by the inspector and the amount will be deducted from the pet security deposit. If the damage is more than the pet deposit, the resident will be required to pay this amount within 30 days and no refund will be issued. Damage could be, but is not limited to, drywall damage, door damage, floor damage from pet urine and feces, etc.**

Any animal deemed to be potentially harmful to the health or safety of others, including attack or fight trained animals will not be allowed.

The pet owner/tenant shall be liable for any damages to Housing Authority property. Housing Authority for Saline County will assume no responsibility for any action of tenant's pets resulting in third party damages and/or claims.

Every pet must be registered **annually** at the Housing Authority for Saline County's management office at the time of annual re-examination. Registering your dog and cat requires up-to-date inoculations and verification that your pet has been spayed/neutered or a letter from a veterinarian giving a medical reason.

## **B. STANDARDS FOR PETS**

1. No adult pet shall exceed the weight of 20 lbs **at the time of approval. The pet will be weighed at the Housing Authority Office and a picture of the pet will be taken for the file.**
2. Only one (1) pet may be kept in any one apartment. Heads of household shall be responsible for their pets. No guest may bring pets onto the premises.
3. While outside the apartment, every dog or cat must be kept on a leash. The animal must be accompanied by a person that is able to control it.
4. Every dog and cat must wear a valid rabies tag. If a dog or a cat is seen running loose outside the apartment, animal control will be called to pick-up the animal.
5. Registering your dog and cat requires up-to-date inoculations, identification tag and verification that your pet has been spayed/neutered or a letter from a veterinarian giving a medical reason.
6. Female dogs and cats over six months old must be spayed and males over eight months old must be neutered, unless a letter is received by a licensed veterinarian giving a medical reason why such is detrimental to the pet's health.

## **C. DESIGNATION FOR PETS**

Pets must be kept in owner's apartment or on a leash at all times when outside of unit (no outdoor cages may be built). **DO NOT TIE DOGS TO GAS LINES. They could pull the gas lines out of the ground. If leashes are found on gas lines, they will be removed and thrown away.**

## **D. PET WASTE REMOVAL**

The owner of every pet will be responsible for picking up the waste (feces) left by the pet on Housing Authority property and disposing of it in a proper receptacle.

## **E. NOISE**

No pet may make excessive noise which disrupts the peace of the complex.

## **F. RESPONSIBLE PARTIES**

Each resident owning a pet must furnish the name, address and phone number of the person(s) who will assume responsibility for their care in case of emergency.

## **G. PET REMOVAL**

The Saline County Housing Authority, or the appropriate community authority, shall require the removal of any pet from a unit if the pet's conduct or condition is determined to be a nuisance or threat to the health and safety of other occupants or other persons in the community where the unit is located. If a pet is found at a resident's apartment that has not been approved and no pet deposit has been paid, the resident will be in violation of the Pet Policy/Lease and will be issued an eviction notice.

**Any violation of this pet policy shall result in eviction.**

